

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90163 041 \*\*\*150.00

**DOCUMENT # P98000067141**

1. Entity Name

HTC INVESTMENTS, INC.

Principal Place of Business

4641 RYALS ROAD  
 ZEPHYRHILLS FL 33541

Mailing Address

4641 RYALS ROAD  
 ZEPHYRHILLS FL 33541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3526834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORN, JOYCE M**  
**4641 RYALS ROAD**  
**ZEPHYRHILLS FL 33541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HORN, FREDDIE D	
STREET ADDRESS	4641 RYALS ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, DAN	
STREET ADDRESS	7840 POND'S EDGE LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TIMMONS, EDWARD R	
STREET ADDRESS	38550 EILAND BLVD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	P	<input type="checkbox"/> Delete
NAME	COOK, NANCY D	
STREET ADDRESS	7840 POND'S EDGE LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HORN, JOYCE M	
STREET ADDRESS	4641 RYALS ROAD	
CITY-ST-ZIP	ZEPHYRHILLS 33 541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joyce M. Horn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce M. Horn

3/8/02

Date

813-724291

Daytime Phone #

CR2E034 (9/01)